

Prepared by:

Benjamin Murphy, Attorney at Law  
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Hernando, MS 38632  
662/429-7088 (Phone)  
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### **DURABLE POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS THAT I, EVALENA BELL AKA  
EVIELEAN BELL, presently residing at 2911 Gwynn Road, DeSoto County, Mississippi, 38651,  
do hereby appoint for me and in my name and stead, as my co-attorneys-in-fact, my sons, Willie  
Louis Bell and Jimmy Earl Bell, to ask, demand, sue for, collect, recover, and receive all sums of  
money, debts, dues, accounts, legacies, bequests, interest, dividends, annuities, and demands  
whatsoever as are now and shall hereafter become lawful ways and means in my name or  
otherwise, and to compromise and agree for the same, and acquittances or other sufficient  
discharges for the same, for me and in my name, and to make, seal and deliver, to bargain,  
contract, agree for, buy, sell, draw checks, mortgage, hypothecate, and in any and every way and  
manner deal in and with cash, goods, merchandise, stocks and bonds, chooses in action and other  
property, real and personal, in possession or in action and to release mortgagees on lands or  
chattels and to make, do and transact all and every kind of business of whatsoever nature and  
kind, and to sign federal and state income tax returns, and declaration of estimated federal  
income tax returns. Also, to bargain, contract, agree for, purchase, receive and take lands,  
tenements, hereditaments and accept the seizing and possession of all lands and all deeds and  
other assurances, and to lease, let, demise, bargain, sell, release, convey, mortgage and  
hypothecate lands, tenements and hereditaments, upon such terms and conditions and under such  
covenants, as the said designee shall think fit and also for me and in my name and as my act and  
deed to sign, seal, execute and deliver and acknowledge such deeds, leases and assignments of  
leases, covenants, indentures, agreements, mortgages, hypothecates, bills, bonds, notes, receipts,  
evidences of debt, releases and satisfaction of mortgages, judgments and other debts, and such

other instruments in writing of whatsoever kind or nature, including specifically the execution of checks for payment of bills and debts incurred by me, as may be necessary or proper in the premises; also to have access to any safe deposit box in my name and to draw checks and withdrawals on any bank and/or savings and loan association where I may have funds on deposit to my credit. I also grant to said designee the proxy to vote the shares of stock I own in any company. Giving and granting unto the said Willie Louis Bell and Jimmy Earl Bell full power and authority to do and perform any and every act and thing whatsoever requisite and necessary to be done in and about the premises, including expressly the power to make gifts in my name to persons other than themselves, as fully to all intents and purposes as I might or could do if personally present, hereby ratifying and confirming all that the said Willie Louis Bell and Jimmy Earl Bell shall lawfully do or cause to be done by virtue of these presents.

This Power of Attorney shall not be affected by my subsequent disability or incapacity and shall continue to be exercisable notwithstanding my subsequent disability or incapacity.

Further, moreover in the event of my mental or physical incapacity, my acting Attorney-in-Fact shall be fully authorized to make any and all health care decisions, regarding my health care, treatment, and the expenditures of funds for medical expenses, treatments and needs. This authority shall take the place of any previous Power of Attorney granted by me to others for such purposes.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 24<sup>th</sup> day of August, 2010.

  
 EVALENA BELL AKA EVIELEAN BELL

I declare under penalty of perjury that the person who signed or acknowledged this document is personally known to me to be EVALENA BELL AKA EVIELEAN BELL, that EVALENA BELL AKA EVIELEAN BELL, signed this Durable Power of Attorney in my presence, that EVALENA BELL AKA EVIELEAN BELL, appeared to be of sound mind and under no duress, fraud or undue influence, that I am not the person appointed as Attorney-in-Fact by this document, and that I am not a health care provider, an employee of a health care provider, the operator of a health care institution nor an employee of a health care institution, that I am not

related to EVALENA BELL AKA EVIELEAN BELL, by blood, marriage, or adoption, that, to the best of my knowledge, I do not, at the present time, have a claim against any portion of the estate of EVALENA BELL AKA EVIELEAN BELL upon HER death; and that, to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will or codicil thereto now existing, or by the operation of law.

George Ready  
WITNESS

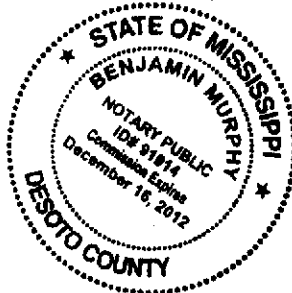
P.O. Box 127, Hernando, MS 38632  
ADDRESS

Ann Linceford  
WITNESS

2108 Little Elk Cove Southwain MS 38672  
ADDRESS

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

Before me, the undersigned authority, on this 24<sup>th</sup> day of AUGUST, 2010, personally appeared EVALENA BELL AKA EVIELEAN BELL, ANN LANCEFORD, and GEORGE B. READY, known to me to be the Declarant and the witnesses, respectively, whose names are signed to the foregoing instrument, and who, in the presence of each other did subscribe their names to the attached Durable Power of Attorney on this date, and that the said Declarant at the time of execution of said Power was over the age of eighteen (18) years and of sound mind and under no duress, fraud, or undue influence.



[Signature]  
NOTARY PUBLIC

My Commission Expires:

12/16/2012

(Seal)

## WARNING TO PERSON EXECUTING THIS DOCUMENT

This is an important legal document. Before executing this document you should know these important facts.

This document gives the person you designate as your agent (the Attorney-in-Fact) the power to make health care decisions for you. Your agent must act consistently with your desires as stated in this document.

Except as you otherwise specify in this document, this document gives your agent the power to consent to your doctor not giving treatment or stopping treatment necessary to keep you alive.

Notwithstanding this document, you have the right to make medical and other health care decisions for yourself so long as you can give informed consent with respect to the particular decision. In addition, no treatment may be given to you over your objection, and health care necessary to keep you alive may not be stopped or withheld if you object at the time.

This document gives your agent authority to consent, to refuse to consent, or to withdraw consent to any care, treatment, service, or procedure to maintain, diagnose or treat a physical or mental condition. This power is subject to any limitations that you include in this document. You may state in this document any types of treatment that you do not desire. In addition, a court can take away the power of your agent to make health care decisions for you if your agent: (1) authorizes anything that is illegal; or (2) acts contrary to your desires as stated in this document.

You have the right to revoke the authority of your agent by notifying your agent or your treating physician, hospital or other health care provider orally or in writing of the revocation.

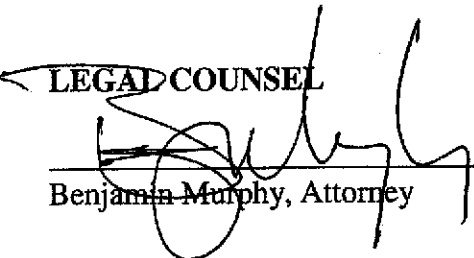
Your agent has the right to examine your medical records and to consent to their disclosure unless you limit this right in this document.

Unless you otherwise specify in this document, this document gives your agent the power after you die: (1) authorize an autopsy; (2) donate your body or parts thereof for transplant or therapeutic or educational or scientific purposes; and (3) direct the disposition of your remains.

If there is anything in this document that you do not understand you should ask an Attorney to explain it to you.

## STATEMENT OF LEGAL COUNSEL

I am an Attorney authorized to practice law in the State where this power of attorney was executed, and the principal was my client at the time this power of attorney was executed. I have advised my client concerning my client's rights in connection with this Power of Attorney and the applicable law, and the consequences of signing or not signing this Power of Attorney, and my client, after being so advised, has executed this Durable Power of Attorney for health care and other purposes.

  
 LEGAL COUNSEL  
 Benjamin Murphy, Attorney